

<h1 style="text-align: center;">INDIVIDUAL DEVELOPMENT PLAN</h1> <p style="text-align: center;">(Instructions on Reverse)</p>		1. EMPLOYEE'S NAME		2. SOCIAL SECURITY NUMBER	
<p style="text-align: center;"><b><u>PRIVACY ACT STATEMENT</u></b></p> <p><b>General</b> - This Information is provided pursuant to Public Law 93 - 570 (Privacy Act of 1974).  <b>Authority</b> - Government Employees Training Act of 1958 (U.S. Code, Title 5, sec. 4101 to 4118).  <b>Purpose and Uses</b> - The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training, and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Personnel Data File.  <b>Effects of Nondisclosure</b> - Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.</p>		3. CURRENT POSITION TITLE, SERIES AND GRADE			
		4. ORGANIZATION			
		5. DEVELOPMENTAL EXPERIENCES NEEDED FOR (Check One) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> a. MORE EFFECTIVE PERFORMANCE IN PRESENT OR FUTURE POSITION (S) </div> <div> <input type="checkbox"/> b. NO FURTHER CAREER DEVELOPMENT DESIRED / NEEDED AT PRESENT TIME </div> </div>			
6. DEVELOPMENTAL OBJECTIVES / GOALS					
a. SHORT RUN (Forthcoming Year)			b. LONG RUN (Following Three Years)		
7. METHOD OF ACCOMPLISHMENT OF OBJECTIVES / GOALS					
a. DEVELOPMENTAL ASSIGNMENTS (Include scheduled dates and facilities)		b. FORMAL TRAINING (Include scheduled dates and facilities)		c. OTHER ACTIVITIES (Include scheduled dates and describe activities)	
8. REMARKS					
9. EMPLOYEE'S SIGNATURE (IDP concurred in by employee)		Date		10. Supervisor's Signature (IDP concurred in by supervisor)	
				Date	

## **INSTRUCTIONS FOR PREPARING INDIVIDUAL DEVELOPMENT PLAN**

- 1. EMPLOYEE'S NAME:** Enter your full name.
- 2. SOCIAL SECURITY NUMBER:** Enter your social security number.
- 3. CURRENT POSITION TITLE, SERIES AND GRADE:** Enter title of position, occupational series and grade; e.g., Director, Programs and Plans Division, GM - 301-13.
- 4. ORGANIZATION:** Enter name of organization, office code and complete address.
- 5. DEVELOPMENTAL EXPERIENCES NEEDED FOR:** Check appropriate block.
- 6. DEVELOPMENTAL OBJECTIVES / GOALS:** Enter your career goals; specify position titles and grades. Short Run (forthcoming year) - Long Run (following three years).
- 7. METHOD OF ACCOMPLISHMENT OF OBJECTIVES / GOALS:** Enter specific developmental objectives which are to be met by one or a combination of experiences or activities.
  - a. DEVELOPMENTAL ASSIGNMENTS:** Include scheduled dates and facilities, e. g., three - month detail to Navy Comptroller Office (1 July through 30 September 1988).
  - b. FORMAL TRAINING:** Include scheduled dates and facilities, e. g., two - week OPM Seminar on the Federal Budget Cycle (7 - 18 November 1988).
  - c. OTHER ACTIVITIES:** Include scheduled dates and describe activities, e.g., supplemental readings including OMB issuances, Departmental Budget, and Budget of the United States (5 - 16 December 1988).
- 8. REMARKS:** Use this space for miscellaneous information; add additional sheets if needed.
- 9. EMPLOYEE'S SIGNATURE AND DATE:** Sign and date this form. Your signature indicates that you are concurring with this IDP.
- 10. SUPERVISOR'S SIGNATURE AND DATE:** Sign and date this form. Your signature indicates that you are concurring with the employee's IDP.